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BLANDFORD RURAL DISTRICT.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH - YEAR 1967

STAFF OF THE PUBLIC HEALTH
DEPARTMENT

MEDICAL OFFICER OF HEALTH

G.B. Hopkins, M.B., Ch.B., B.Pharm., D.P.H.
Holding appointments of:-

Senior Medical Officer - Dorset County Council } 5/11th of the time
School Medical Officer. }

Medical Officer of Health - Blandford Rural District,
Medical Officer of Health - Borough of Blandford Forum.
Medical Officer of Health - Wimborne Minster Urban District.
Medical Officer of Health - Wimborne and Cranborne R.D.C.

Blandford Rural District.....	$\frac{1}{2}$ day per week.
Borough of Blandford Forum.....	$\frac{1}{4}$ day per week
Wimborne Minster Urban District.....	$\frac{1}{3}$ days per week
Wimborne and Cranborne Rural District.....	$1\frac{1}{2}$ days per week.

PUBLIC HEALTH INSPECTOR

P.D. Franklin, M.A.P.H.I., M.R.S.H.

MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

Chairman of Committee..... Councillor E.K. Hooper.

Vice Chairman of Committee..... Councillor J.F. Brown.

COUNCILLORS:-

Miss A.G. Biddlecombe.

K.R. Browning.

A.B.C. Davis.

F.W. Eyles.

P. L. Farquharson.

Mrs. D.L. Jones.

C.R.J. Mitchell

F.H.B. Mainwaring Burton

C.B.C. Roe.

S.R. Stenning.

Major G.T. Wright.

MEMBERS OF THE HOUSING COMMITTEE.

Chairman of the Committee..... Miss A.G. Biddlecombe.

Vice Chairman of Committee..... Lt. Cmd. D.D. Crichton.

COUNCILLORS:-

J.M. Booker.

Mrs. M. Cossins

P. L. Farquharson

R.C.J. Hayward.

W.J. Jay

A.E. Lane.

F. Lewis

C.R.J. Mitchell

S.A. Parker.

Mrs. H.M. Ramsay

C.B.C. Roe.

Health Centre,

Rowlands Hill.

Wimborne Minster.

Dorset.

Mr. Chairman, Ladies and Gentlemen,

The list of notifiable diseases does not look very interesting but it may be historic. The only notifiable disease the numbers of which are in excess of the fingers of one hand is measles, and there were 223 cases. Before the next epidemic one hopes that a very substantial number of susceptibles will have been vaccinated and perhaps never again will the figure be in the hundreds.

The next probable development is a vaccine against German Measles for girls in view of the sad consequences this otherwise trivial disease can have when contracted during the first trimester of pregnancy.

Last year it was pleasing to be able to report a sharp drop in the number of cases of lung cancer from six in 1965 to two. The figure for 1967 was eight, four of them in persons below 65 years, and two were below 55 years of age.

Tuberculosis case figures showed no change.

In the sphere of health and welfare of elderly people there were two further very substantial contributions with the commencement of work on the Winterborne Stickland and Blandford St. Mary blocks of flatlets. When completed the total provision of dwellings with warden supervision will reach the impressive total of ¹²³ ~~123~~, and it may seem an advocacy of gilding the lily to put forward suggestions for still more such dwellings but the following lines are written in the expectation of finding some sympathetic reception amongst Council members.

We ought not to refer to anyone below 80 as aged, but the fact is that Society forces many people to retire at 65 years or earlier, and if not aged, they become enforcedly unproductive, and so 65 has become a convenient administrative dividing line between the young and the old.

In an area which attracts retired people problems posed by imbalance of the age structure of the population are likely to be worse than in districts not so favoured. It becomes doubly important therefore to study the national statistics in order to plan for the future.

It is a current misconception that the problem of the disproportionate numbers of the elderly has come about by the prolongation of life brought about by advances in medical science. In fact, this has had only a moderate influence, the death rate in persons over sixty-five having fallen only 22% during the last sixty years. The most significant reasons are firstly, the rising birth rates of the late nineteenth and early twentieth centuries, reaching a peak in the first decade of the twentieth century, the "bulge" thereby produced having now become an over sixty-five bulge, admittedly less decimated than of yore by reason of the falling death rates in the intervening younger ages. This has resulted in a large rise in absolute numbers of the over sixty-fives.

Secondly, the proportion of over sixty-fives has been further significantly increased by the marked fall in the birth rate subsequent to the first decade of this century, a fall which continued until after the second World War.

From 1841, when records began, to 1901, the population of England and Wales rose from about sixteen millions to about thirty-two millions with a fairly stable age structure, the proportion of over sixty-fives remaining throughout this period at about five per cent. It is now twelve per cent.

For those who declare that the young no longer are willing to care for their elders it is therefore appropriate to say that there are currently two and a half times as many over sixty-fives as there were in the nineteenth century, so we are doing far better than our forebears, or than people in the under-developed parts of the world who are said to have a culture which includes the care and support of the aged within the family, but who in fact have many less aged to care for. The total annual expenditure on social benefits for the over sixty-fives is estimated by the Office of Health Economics to probably exceed £1,650 millions already.

There are about six million persons over sixty-five years of age in England and Wales, the figure having risen from about one and a half million since the turn of the century. The dice are loaded against the /

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males from conception onwards, especially in the young adult range, so that by the age of seventy-five years there are twice as many women as men.

One fifth of men, one half of women, and four out of every ten persons over sixty-five are widowed. About a quarter of over sixty-fives are alone, without spouse or children. There are three quarters of a million men and one and a half millions women over 75 years, and the proportion of over seventy-fives will increase by 39% over the 1961 figure of almost two million by 1981. There are nearly 350,000 people over 85 years of age, seven times as many as had attained this age at the beginning of the century. Ninety four per cent of over sixty-fives live in private households.

These numbers will inevitably increase for about another decade and will then slowly decline, reflecting the fall in the birth rate after 1910. The rise in the birth rate after the second World War will in turn be reflected in the absolute numbers of the over sixty-fives from about A.D. 2010 to A.D. 2050, the proportion depending upon the birth rate between now and then, if this falls, as is likely, then the proportion of over sixty-fives in the first half of the twenty-first century is likely to be very high again.

So it is imperative to develop new attitudes, for which the time is ripe, the problem does not represent a passing phase, and the nation will have a sufficiently large productive age group to carry the non-productive age groups, especially in view of the trend for married women to work and in view of the rapid rise in the number of the younger productive age groups as the swollen birth rate of the 1950's and 1960's takes effect.

Most local authorities have to date provided for rather narrowly defined cases of need ranging from those unable to cope independently and requiring full "hotel" provision in old persons' homes, through those requiring some unobtrusive supervision in small dwellings or flatlets with special provisions, to small independent dwellings without special features, but all orientated towards persons of very small means and having claims upon their local authority of the traditional council house tenant type.

This is rapidly becoming much too restricted a policy to cope with the size of the problem. Not only is it very desirable to provide a wider area of choice of residence and amenity, but it is/ becoming

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becoming increasingly urgent to extend services to any elderly person, regardless of financial status; many need help. One envisages Local Authorities acting as an agency to provide help, advice and encouragement in the sphere of housing for elderly people, and building suitable premises for old people of varying means, many such premises having no element of subsidy, the tenants being entirely self supporting financially. It is illogical to allow to persist by default a system in which elderly people continue indefinitely to occupy a house which has become burdensome, though once suited to their needs; now too large or inconvenient, with a garden involving too much work and conditions slowly deteriorating, when that house would comfortably hold, and be maintained by , a family of five or six and the elderly people would be healthier and happier in much smaller premises specifically built and maintained for their needs, especially if it is largely the apathy of age and the inability to face the complications of moving which are the main inhibiting factors to such a move. Such suitable premises will not be built in anything like the required numbers unless Local Authorities tackle the job.

One area of housing which tends to have been provided so far only by voluntary organisations is that of the single bed sitting room, furnished by the tenant, numbering some half a dozen in a self-contained house, with a housekeeper to cope with the general running of the house and to provide one good cooked meal daily.

For all the great value of the Meals on Wheels service, can it really be argued indefinitely that if old people need meals to be provided, that the ultimate answer is to cook it elsewhere, often for a very different age group, and then let it suffer the inevitable deterioration during transportation, and deliver it twice a week but never at weekends?.

The elderly figure rather prominently in that very small category of persons in this country who are undernourished. There are numerous reasons, for example the difficulty and expense of cooking a square meal for one, or even two, the planning, shopping and labour involved, and the deterioration in sense of taste and smell which impairs the palate and therefore the stimulus to make the effort. A good cooked meal daily would render nutritional deficiency most unlikely and would help to raise some elderly peoples' lives from the level of subsistence to which they all too often sink.

There are many elderly persons, the majority women, who lead a lonely existence on a small income, perhaps gravitating from a hotel in winter to a cheap guest house in summer, who are unwelcome when ill, and who are constantly worried about their future as prices rise and guest houses become

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become more and more impossible to find, who are past caring fully for themselves and would welcome a bed sitting room for their own most treasured belongings, with one square meal a day and no administrative worries beyond paying a weekly rent. This class of person is growing and will grow more as pensions schemes mature and proliferate. The elderly man on his own is particularly well suited to the form of housing provision in which one good meal is provided in view of the notorious reluctance of the male to shop and cook. The necessity to provide for themselves at other meal times preserves initiative and avoids the sapping of individuality which goes with the full hotel or guest house existence even if this can be afforded.

District councils who provide welfare housing, including warden provision undoubtedly prolong the period of independence enjoyed by many elderly persons and are constantly faced with the difficulties inherent in this situation, that is, how to humanely effect the transfer of an old person who has become too frail, physically or mentally, to sustain an independent existence. Lengthy delay in achieving transfer leads to an excessive and unjustified burden being thrown upon the warden who can temporarily be called upon to become a chronic sick or mental nurse. The very success of the welfare housing and warden service leads to old folk being taken beyond the stage of suitability for a county council home and fully into the category of chronic sick or mental hospital case. If the latter services cannot rapidly relieve the housing authority of such an inappropriate burden then staff troubles and unpleasantness for other tenants inevitably occurs and valuable staff is likely to be lost. Such experiences have unfortunately occurred, and underline the urgent necessity for more hospital beds for such cases. The hospitals sometimes maintain that many cases needing straightforward nursing only do not need the full facilities provided by a hospital, and it has been suggested that here is an opportunity for a welcome liaison between local authorities and Regional Hospital Board in the joint provision of an institution half way between chronic sick hospital and old persons' home. This is a serious and mounting problem and demonstrates one facet of the need for more liaison between the three branches of the Health Service.

No discourse on housing for the elderly would be complete without mentioning its relevance to such problems as accidents in the home (eighteen fatal cases per day in Britain), loneliness, hypothermia, emotional disturbances especially associated with physical defects, osteo-arthritis, impaired balance, muscular weakness, diminution in acuity of special senses of sight, hearing and smell, chronic bronchitis and nutritional anaemias, but these are matters of detail inappropriate to my theme which is one of broad outlines, and I hope, food for thought.

There follows the report of the Public Health Inspector and the customary details and statistics.

J. B. Hopkins

JUNE, 1968

MEDICAL OFFICER OF HEALTH

SUMMARY OF VITAL STATISTICS.

Area in acres.....	61, 717
Population as estimated by Registrar-General - mid-year.....	12, 970
Rateable value at 1st April, 1967.....	£323, 357
Product of penny rate at 1st April, 1967.....	£1, 284
Estimated number of houses.....	3, 417

AS SUPPLIED BY THE REGISTRAR GENERAL

BIRTHS

	BIRTHS AND DEATHS			Females.		
	Males.			Total.	Legit.	Illegit.
Live Births.....	124	117	7	87	81	6
Stillbirths.....	-	-	-	1	1	-

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AS SUPPLIED BY THE REGISTRAR GENERAL
Contd.

<u>DEATHS</u>	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>	<u>Blandford</u>	<u>England</u>	<u>Adminis-</u>
				<u>Rural</u>	<u>&</u>	<u>trative</u>
					<u>Wales.</u>	<u>County</u>
Total registered.....	104	61	43	-----		
Standardised Birth rate.....				19.8	17.2	17.1
Standardised Death Rate.....				9	11.2	10.2

COMPARABILITY FACTORS.

Births.....	1.22
Deaths.....	1.16

SECTION A

PUBLIC HEALTH LABORATORY.

The Public Health Laboratory is situated in Dorchester and provides an excellent free service for the bacteriological examination of human specimens, food, milk and water.

AMBULANCE FACILITIES.

The Ambulance Service is provided by the Dorset County Council. Control is centralised in Dorchester and the service operates from Castleman House.

MATERNITY AND CHILD WELFARE SERVICES.

Dorset County Council provided an Infant Welfare Clinic once a month in the Health Centre in Blandford where other services are also grouped, including the school dental service for the area, speech therapy, audiometry, family planning, special examinations, cervical cytology, chiropody for the elderly, ante-natal classes and home help organiser. The area health visitors are based on this clinic. The registrar of births and deaths attends ~~the~~ clinic three times weekly.

HOME HELP SERVICE.

A local organiser attends to the detailed administration of this valuable service and is at the Health Centre from 9 to 9.30 during weekdays.

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SECTION B
PREVALENCE OF INFECTIOUS DISEASES.

Measles.....	223
Whooping Cough.....	1
Scarlet fever.....	2
Food poisoning.....	4
Dysentery.....	1
Pneumonia.....	5
Puerperal Pyrexia.....	1

TUBERCULOSIS

The number of cases on the register are as follows:-

PULMONARY

Males..... 14
Females..... 11

NON-PULMONARY

Males..... 2
Females..... 1

SECTION C
STATISTICAL TABLES..... 1967

CAUSES OF DEATH.

MALE.

FEMALE.

10.	Malignant Neoplasm, stomach.....	2	1
11.	Malignant Neoplasm, Lung, Bronchus.....	6	2
12.	Malignant Neoplasm, breast.....	-	2
13.	Malignant Neoplasm, uterus.....	-	3
14.	Malignant and Lymphatic Neoplasms.....	5	4
15.	Leukaemia, Aleukaemia.....	1	1
16.	Diabetes.....	1	1
17.	Vascular lesions of nervous system.....	4	11
18.	Coronary disease, angina.....	15	2
20.	Other heart disease.....	9	7
21.	Other circulatory disease.....	-	3
23.	Pneumonia.....	8	1
24.	Bronchitis.....	2	-
29.	Hyperplasia of prostate.....	3	-
31.	Congenital Malformations.....	-	1
32.	Other defined and ill-defined diseases.....	2	2
33.	Motor vehicle accidents.....	1	1
34.	All other accidents.....	2	1

TOTAL ALL CAUSES..... 61

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VACCINATION AND IMMUNISATION
STATISTICS.

<u>Poliomyelitis.</u>	<u>Diphtheria.</u>	<u>Tetanus.</u>	<u>Whooping Cough.</u>
			<u>Smallpox.</u>

<u>Oral Basic Course.</u>	<u>Salk.</u>										
		<u>P.</u>	<u>R.</u>								
205.	248.	-	1	211	407	239	535	204	181	171	96

P = Primary Course.
R = Reinforcing dose.

REPORT OF THE PUBLIC HEALTH INSPECTOR

GENERAL

Most activities during the year have centred around, or were tailored to fit the implementation of the new refuse collection service. As soon as the lease for the new tip was confirmed in the spring, a second S & D "Pakomatic" vehicle was ordered for expected delivery in October. A B.85 loader was already on order, and the summer months were spent in excavating a series of trenches on the site, and in the construction and preparation of ancillary works and buildings. In the first week of November a weekly service was introduced and the Stourpaine site came into operation as a fully controlled tip. The previous tip at Winterborne Kingston was immediately levelled and backfilled with topsoil and has now reverted to agricultural use.

At the end of the year, discussions were proceeding with the W.D. Authorities about the possibility of instituting a paper-sack collection for the Camp.

Considerable unrest was caused in one village over complaints that the distribution of effluent from a very large and intensive piggery was causing a nuisance. The Council declined to take Statutory Action in July but held a series of meetings with the owner of the farm. Later in the year, proposals were put to the owner and accepted, it being hoped that compliance therewith would greatly decrease the trouble in subsequent years.

In April the Department became responsible for the cesspit emptying service, a contract having been made with Messrs. C.W. Harrison of Taunton for this work. The Council now offer two free clearances per year from domestic premises. As a scheme very much in its infancy, this service has functioned generally very well although there have been exceptions.

FOOD HYGIENE.

Five complaints were investigated and in two cases the Council sent warning letters. There were no prosecutions during the year.

Regular sampling of ice cream, cream and other foodstuffs was carried out and all results were satisfactory.

The following foodstuffs were found on examination to be unfit and certificates were issued after voluntary surrender.

Canned Meats.....	8 lb 12 oz.
Sausages and preserved meats..	6 lbs 8 oz
Meat pies (small).....	9
Bread.....	2 large loaves.
Cream cakes.....	6 packets
Butter.....	20 lbs
Packets of frozen food.....	116

All food which was not likely to be the subject of further action was taken to the Council Tip at Winterborne Kingston and burnt.

SAMPLES SUBMITTED FOR BACTERIOLOGICAL EXAMINATION

	<u>Satisfactory.</u>	<u>Unsatis.</u>	<u>Suspect.</u>	<u>Totals</u>
Drinking water (including public supplies)	6	-	1	7
Swimming Baths.....	2	-	-	2
Soft Drinks.....	2	-	-	2
Clotted cream.....	1	-	-	1
Ice Cream.....	10	2	-	12

HOUSINGNew houses completed during the year:-

(1) By Local Authority.		
(a) With State Assistance for rehousing.....		-
(b) With State Assistance for other purposes.....		-
(c) Without State Assistance.....		15 flats
(3) By other persons.		
(a) With State Assistance.....		-
(b) Without State Assistance.....		74

New houses commenced during the year but not completed:-

(a) By Local Authority.....	29
(b) By other persons.....	75

Housing Action

(1) Number of dwellings rendered fit after informal action..	1
(2) Number of Statutory Notices served.....	0
(3) Number of Statutory Notices complied with.....	0
(4) Number of houses in respect of which Demolition Orders.....	-
(5) Number of houses demolished in pursuance of Dem. Orders..	1
(6) Number of houses in respect of which Undertakings accepted.	1
(7) Number of houses demolished otherwise.....	1

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FACTORIES

	<u>Number on Register.</u>	<u>Inspections.</u>
(1) Factories in which Sections 1,2,3,4 & 6 are enforced by Local Authorities.....	1	1
(2) Factories not included in (1) in which Section 7 is enforced by Local Authority.....	38	15
(3) Other premises in which Section 7 is enforced by Local Authority(excluding out-workers premises).....	0	0

CAUSES IN WHICH DEFECTS WERE FOUND:-

<u>PARTICULARS</u>	<u>Number of cases in which defects were found</u>				
	<u>Found.</u>	<u>Remedied.</u>	<u>Referred to H.M. Inspector.</u>	<u>By H.M. Inspector.</u>	<u>Number of cases in which Prosecution instituted.</u>
Want of cleanliness (Section 1).....	2	2	-	-	-
Overcrowding (Section 2).....	-	-	-	-	-
Inadequate ventilation (Section 4).....	-	-	-	-	-
Unreasonable temperature (Section 9).....	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1964

No new premises were registered through the year and there were no detected infringements in the existing premises. There were no reported accidents.

SEPTIC TANKS

The number of septic tanks emptied during the year was 377

NOISE ABATEMENT ACT.

An abatement notice was served in August on the proprietor of an industry which was being operated in a residential area without planning permission. No further action was taken in respect of the notice, pending an appeal under Town and Country Planning procedure.

SALVAGE

Waste Paper.....	£14. 5. 6.
Rags.....	£15.18. 6.
Batteries etc.....	1.12. 0.
Iron.....	£29. 7. 6
Non-ferrous.....	£23. 7. 2

STOURPAINE TIP

Heavy Iron.....£ 7.17. 6
Light Iron.....£21. 6.11

PREVENTION OF DAMAGE BY PESTS ACT.

SUMMARY OF VISITS DURING THE YEAR.

Housing.....	76
Public Health.....	168
Stalls and vehicles.....	-
O.S.R. Act.....	21
Factories.....	16
Food and Drugs Act.....	40
Complaints.....	85
Interviews.....	190
Clean Air Act.....	26
Refuse Collection.....	223
Moveable Dwellings.....	2
Rodent Control.....	43
Water Supplies.....	21
Sampling.....	28
Meetings and Visits.....	19
Building Regulations.....	279
Farms	3
Food Poisoning.....	2
Other visits.....	102
Petroleum.....	39
Infestation cases.....	12
Noise Abatement Act.....	17
Removal of vehicles.....	2
Disinfestations.....	8
Food Hygiene.....	17
Pet Animal Act	3
Magistrates Court.....	1

